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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 835058 (9)
 1. Corporation Name
JOHN HANCOCK PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business Mailing Address
200 CLARENDON ST., T28 **JOHN HANCOCK PLACE**
P. O. BOX 854 **PO BOX 854**
BOSTON MA 02117 **BOSTON MA 02117-0854**
US **US**

3. Date Incorporated or Qualified **09/22/1975** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business 21 200 Clarendon St., T29 Suite, Apt. #, etc.		2a. Mailing Address 26 John Hancock Place Suite, Apt. #, etc.		4. FEI Number 04-2482364		Applied For Not Applicable	
22 P.O. Box 854-1 City & State		27 P.O. Box 854-1 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER OF FLORIDA CAPITOL BLDG TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLONEY, THOMAS E.	1.2 NAME	Tilley, Myles J.
STREET ADDRESS	404 MARSHALL STREET	1.3 STREET ADDRESS	183 Stagecoach Dr.
CITY-ST-ZIP	HOLLISTON MA	1.4 CITY-ST-ZIP	Marshfield, MA
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDLEY, MICHAEL H.	2.2 NAME	
STREET ADDRESS	22 SUMMITT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HINGHAM MA	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, PAUL L.	3.2 NAME	
STREET ADDRESS	3 FAIR OAKS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RICHARD	4.2 NAME	
STREET ADDRESS	4 PARTRIDGE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDWAY MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, KENDALL P.	5.2 NAME	
STREET ADDRESS	19 BROOKWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATTLEBORO MA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEMIN, BARRY L.	6.2 NAME	
STREET ADDRESS	19 SEARS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Myles J. Tilley* **Myles J. Tilley** 4/7/97 (617) 375-3972

CR2E034 (9/96)